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APPLICANTS

David A. Nicholas, Trumbull, CT;
 Ernic Aranyi, Easton, CT;
 Boris Zvenyatsky, Bronx, NY; Paul A. Matula, Brookfield, CT;
 Stanley H. Remiszewski, Bolton, MA;
 David T. Green, Westport, CT;
 Henry Bolanos, East Norwalk, CT;

** CONTINUING DATA *****

This application is a CON of 09/417,535 10/14/1999 ABN
 which is a CON of 09/096,380 06/11/1998 ABN
 which is a CON of 08/777,115 12/30/1996 PAT 5,782,859
 which is a CON of 08/360,015 12/20/1994 ABN
 which is a CON of 07/925,496 09/04/1992 ABN
 which is a CIP of 07/834,687 02/12/1992 PAT 5,383,888.

SKW

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/01/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 21	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *Samuel W. Webb* Examiner's Signature *SW* Initials

ADDRESS

United States Surgical, a division of
 TYCO HEALTHCARE GROUP LP
 150 Glover Avenue
 Norwalk, CT
 06856

TITLE

Articulating endoscopic surgical apparatus

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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